

OCT 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32116
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 272
(b) Township Benton Primary Registration District No. 5379
(c) City Ava, Missouri (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. 38 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Wells

(a) Residence, No. Ava, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zack Wells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1862-2-23
7. AGE YEARS 76 MONTHS 6 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Denlow, Missouri
(STATE OR COUNTRY) Webster Co.

FATHER 13. NAME John S. Upshaw

14. BIRTHPLACE (CITY OR TOWN) Unknown Denlow Mo
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margret cowell

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Webster Co. Mo.

17. INFORMANT Shendell S. Mercer
(ADDRESS) Holton, Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava DATE 8-26 1938

19. FUNERAL DIRECTOR C. U. Clunkingbeard
(ADDRESS) Ava Mo

20. FILED 9-27 1938 Henry Burdick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1938 only, 19____
I last saw her alive was dead when Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Fractured

Other contributory causes of importance: Don't know cause of death
2002

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. P. Gentry, M. D.
Ava Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Gentry

RECEIVED

District Health Officer No. 8,

District File Number 6-38-203

Date Filed 10-2-39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)